

PROOF OF CLAIM

Name of Debtors <input checked="" type="checkbox"/> Stage Stores, Inc., a Delaware corporation <input checked="" type="checkbox"/> Specialty Retailers, Inc., a Texas corporation <input checked="" type="checkbox"/> Specialty Retailers, Inc. (NV), a Nevada corporation *place an "x" beside the name of the Debtor you are filing a claim against		Case Number 00-35078-H2-11 00-35079-H2-11 00-35080-H2-11	Creditor ID#: 788-23901 United States Bankruptcy Court Southern District of Texas FILED AUG 07 2000 Michael N. Milby, Clerk
Name of Creditor (The person or other entity to whom the debtor owes money or property): Haskell County Tax Collector		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
Name and address where notices should be sent: *****AUTO**3-DIGIT 795 Haskell County Tax Collector PO Box 467 Haskell TX 79521-0467 [Barcode]		<input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Account or other number by which creditor identifies debtor: P33118		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____	
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Taxes <input type="checkbox"/> Other _____		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your SS#: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
2. Date debt was incurred: 01-01-2000		3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ 6,401.89 If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
5. Secured Claim. <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other All personal and intangible property of Debtor's Estate Value of Collateral: \$ 202,379.00 Amount of arrearage and other charges at time case filed included in secured claim, if any \$ 6,401.89		6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,300)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)_____. *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		This Space is for Court Use Only	
8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date 08/02/2000	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) Laura J. Monroe, Attorney for Haskell County Appraisal District		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			

ORIGINAL

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

IN RE
STAGE STORES, INC.

IN PROCEEDINGS UNDER
CHAPTER 11 OF THE
BANKRUPTCY ACT

DEBTOR

NO. 00-35078-H2

ESTIMATED
SECURED CLAIM FOR TAXES OF THE
HASKELL COUNTY APPRAISAL DISTRICT

TO THE HONORABLE JUDGE OF SAID COURT:

PARAGRAPH I.

The undersigned, who resides at P.O. BOX 817 LUBBOCK, TEXAS 79408 is the attorney for HASKELL COUNTY APPRAISAL DISTRICT and is authorized by contract with the claimant to make this proof of claim on behalf of the claimant for the collection of the outstanding taxes claimed.

PARAGRAPH II.

The debtor was, and at the time of the filing of the petition initiating this proceeding, and is still indebted to this claimant in the amount of \$6,401.89.

The consideration for this debt is as follows: Ad valorem taxes on personal property situated within the boundaries of said claimant.

The writing (tax statements) on which this claim is founded or a duplicate thereof is attached hereto.

This claim is not founded on an open account.

No judgment has been rendered on this claim

The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

This claim is not subject to any setoff or counterclaim.

No security interest is held for this claim except as provided by Section 32.01 and Section 32.05, Texas Property Tax Code and Art 8, Section 15, Texas Constitution.


This claim is filed as a secured claim for the total claim amount of \$6,401.89.

Claimant being a duly authorized governmental taxing authority is entitled to:

treatment under Section 506 as a secured creditor because the taxes claimed are assessed against real property interests of the debtor and are secured by that real property interest.

Name of Creditor
HASKELL COUNTY APPRAISAL DISTRICT

PERDUE, BRANDON, FIELDER, COLLINS & MOTT, L.L.P.

By: 
LAURA J. MONROE Bar No. 14272300
Attorney for Claimant
P.O. BOX 817
LUBBOCK, TEXAS 79408
(806) 744-5091 FAX: (806) 744-9953

DELINQUENT TAX STATEMENT

HASKELL COUNTY APPRAISAL DISTRICT
P.O. BOX 467
HASKELL, TEXAS 79521

ACCOUNT NO 220

STAGE STORES, INC. DBA
BEALL'S #623
10210 MAIN STREET
HOUSTON TX 77025-5229

LEGAL DESCRIPTION

[illegible]